

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Propane Gas Association Political Action Committee -PropanePAC

Full Name (Last, First, Middle Initial)

A. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
disbursementCandidate Name
RELY ON YOUR BELIEFS FUND011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10363

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
disbursementCandidate Name
RELY ON YOUR BELIEFS FUND011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10903

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STUPAK FOR CONGRESSMailing Address 817 Ninth Avenue P.O. Box 156
PO BOX 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
disbursementCandidate Name
STUPAK FOR CONGRESS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: SB23.10417

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)